



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
4201 Patterson Avenue • Baltimore, Maryland 21215-2299

Martin O'Malley Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

State Board for the Certification of Residential Child Care Program Professionals

STATE LICENSURE AFFIDAVIT FOR RESIDENTIAL CHILD CARE PROGRAMS

The following individual has applied to the State Board to be authorized to serve as the CRCCPA of two individually licensed organizations. COMAR 10.57.02.09 B(3) requires that this form be completed and returned to the State Board by the Licensing Authority for the Residential Child Care Organizations.

Certification Number

Last Name

First Name

Middle Name

Residential Child Care Program

Name of Primary Organization: _____

Address: _____

Street

City

State

Zip

Name of Secondary Organization: _____

Address: _____

Street

City

State

Zip

Signature

Date

THIS SECTION TO BE COMPLETED BY THE STATE LICENSING AUTHORITY

Primary Organization's License Number _____

Expiration date of license _____

Is license under sanction? ☐ Yes ☐ No **If yes, please provide the State Board with a copy of the and all documents related to sanction.**

Secondary Organization's License Number _____

Expiration date of license _____

Is license under sanction? ☐ Yes ☐ No **If yes, please provide the State Board with a copy of the and all documents related to sanction.**

Form Completed By

Title

Signature of Executive Director of Licensing Authority or Designee

Date